

ORDER/INVOICE/FULFILLMENT

ORIGINATOR (SIGNATURE)		<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">John A. McGinn</div>		PREPARED BY: <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">John McGinn</div>		DATE: <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">12/11/95</div>																																																																																									
ACTIVITY	<input checked="" type="checkbox"/> NEW ORDER <input type="checkbox"/> CONTINUATION <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> SPECIAL:	<input checked="" type="checkbox"/> FULFILLMENT ONLY <input checked="" type="checkbox"/> SINGLE INVOICING <input type="checkbox"/> MULTI-INVOICING: NO. INVOICES _____ <input type="checkbox"/> PENDING:	COMMISSION TO: <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">JMG 100 %</div>		SOLD BY: <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">JMG 100 %</div>		APPROVED <div style="border-bottom: 1px solid black; display: inline-block; width: 100%; text-align: center;"> INITIAL <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">12/11/95</div> </div>																																																																																								
PRODUCT	<input type="checkbox"/> SUBSCRIPTION <input checked="" type="checkbox"/> CUSTOM <input type="checkbox"/> MULTICLIENT <input type="checkbox"/> REPORTS <input type="checkbox"/> COPIES <input type="checkbox"/> CONSULT./PRESENT. <input type="checkbox"/> TAPES/MATERIALS <input type="checkbox"/> REIMBURSED COSTS	US <input checked="" type="checkbox"/> PROJ. ID./YEAR <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">US Y SPZ</div>	TITLE OR DESCRIPTION <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Reviewing product plans</div>			AMOUNT <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">\$4000.00</div>																																																																																									
CLIENT AUTH.	P.O. # _____ INPUT CONTRACT <input type="checkbox"/> LETTER <input checked="" type="checkbox"/> VERBAL <input type="checkbox"/> ATTACH ALL AUTHORIZING DOCUMENTS TO WHITE (CONTRACT) COPY. ATTACHED																																																																																														
ORIGINATOR	SHIP TO: * NAME <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">L. John Loomis</div> TITLE <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Director</div> COMPANY <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Sperry Corp</div> ADDRESS <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">PO Box 500</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Blue Bell, Pa 19424-0001</div>			INVOICE TO: (IF DIFFERENT) NAME _____ TITLE _____ COMPANY _____ ADDRESS _____ PHONE () _____																																																																																											
INVOICE	* <input type="checkbox"/> Check here if more than one shipping address and attach names and addresses to green (fulfillment) copy. * <input type="checkbox"/> Check here for address change to mail list. INVOICE TO READ: (FOR OTHER THAN STANDARD WORDING) <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Assistance in Analyzing Information Services Industry</div>																																																																																														
SPECIAL INSTRUCTIONS FOR HANDLING, BILLING, STAGGERED OR DELAYED PAYMENTS, ETC. <div style="border-bottom: 1px solid black; display: inline-block; width: 100%;">Bill \$4,000 Now. NO EXPENSES TO APPEAR ON BILL.</div>																																																																																															
O.I.F. ONLY	INV. COMP.	BY:	DATE:	CLIENT #:	ORDER #:	INV. #:	MULTI-INVOICING _____ OF _____																																																																																								
ORIGINATOR/SHIPPING	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">ITEM DESCRIPTION OR TITLE</th> <th style="width:5%;">NO.</th> <th style="width:5%;">BY</th> <th style="width:5%;">DATE</th> <th style="width:40%;">ITEM DESCRIPTION OR TITLE</th> <th style="width:5%;">NO.</th> <th style="width:5%;">BY</th> <th style="width:5%;">DATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							ITEM DESCRIPTION OR TITLE	NO.	BY	DATE	ITEM DESCRIPTION OR TITLE	NO.	BY	DATE																																																																																
	ITEM DESCRIPTION OR TITLE	NO.	BY	DATE	ITEM DESCRIPTION OR TITLE	NO.	BY	DATE																																																																																							
FULFILLMENT TO BE COMPLETED IN: <input type="checkbox"/> PALO ALTO <input type="checkbox"/> LONDON <input type="checkbox"/> OTHER _____																																																																																															



TITLE Reviewing Product Plans

CLIENT Sperry Corp

CONTRACT: ATTACHED ☐ TO FOLLOW ☐ LETTER ☒ VERBAL ☐

PROJECT LEADER J McGann CODE YSP2

DATE STARTED 12/9/85 PLANNED COMPLETION DATE 12/20/85

LEVEL OF EFFORT (Professional Man Days) 3.2

TOTAL CONTRACT VALUE: \$ 4000

REVENUE DISTRIBUTION (% or \$) INPUT US 100 INPUT LTD ☐

REIMBURSABLE EXPENSES: NO ☒

YES ☐

EXP. BUDGET ☐

TO COVER: TRAV: ☐

TEL: ☐

RPT. PREP.: ☐

OTHER: ☐

BILLING SCHEDULE DESCRIPTION Bill \$4000 Immediately

PROJECT DESCRIPTION Review product plans from the perspectives of revenue forecasts for the I.S. industry

INDICATE TYPE OF CUSTOM WORK: REPORT ☐ PRESENTATION ☒

THANK YOU PACKAGE: YES ☐ NO ☒





SPERRY CORPORATION
COMPUTER SYSTEMS
P.O. BOX 500
BLUE BELL, PENNSYLVANIA 19424-0001
TELEPHONE (215) 542-4011


December 9, 1985

Mr. John McGann
Senior Consultant
INPUT
Saddle Brook, NJ 07662

Dear Mr. McGann:

This letter will authorize INPUT Inc. to provide assistance in analyzing the Information Services Industry through discussions and reviews of planning material. The fee for this assistance will be between \$2,750.00 and \$4000.00 depending on the requirements of Sperry.

Sincerely yours,



L. John Loomis

/noa

